

**EXHIBIT I - LIST OF SSI-RELATED MA CATEGORIES**

MA Category	BEM Item	Unique Nonfinancial Eligibility Factor	Program Code	Financial Eligibility Group	Automatic MA Eligibility
SSI Recipients	150	Aged, blind or disabled	A, B, E	1	Yes
Appealing SSI Termination	150	Appealing SSI termination	M, O, P	1	No
Special Disabled Children	154	Former SSI recipient child	P	1	No
503 Individuals	155	Aged, blind or disabled	M, O, P	1	No
COBRA Widow(er)s	156	Aged, blind or disabled	M, O, P	1	No
Early Widow(er)s	157	Blind or disabled	O, P	1	No
DAC	158	Aged, blind or disabled	M, O, P	1	No
AD-Care	163	Aged or disabled	M, P	1	No
Extended-Care	164	Aged, blind or disabled	M, O, P	1	No
Medicare Savings Programs	165	Medicare Part A	M, O, P	-	No
Group 2 Aged, Blind and Disabled	166	Aged, blind or disabled	M, O, P	2	No
QDWI	169	Type of Medicare	P	-	No
Home Care Children	170	Disabled	P	1	No
Children's Waiver	171	Disabled	P	1	No
Breast and Cervical Cancer Prevention and Treatment Program	173	Health department cancer screening	O	1	No

**EXHIBIT II - SSI-RELATED MA CODING**

Eligible for:			Case PT *	SC *	Recipient PT *	ES *
Regular MA	BEM	MSP				
AD-Care	163	Full QMB	0	1F	4	4
AD-Care	163	None	0	1F/1E	5	4
Extended-Care	164	Full QMB	8	1F	0	4
Extended-Care	164	Limited QMB (SLMB)	1	1F	1	4
Extended-Care	164	None	1	1F/1E	0	4
Group 2	166	Full QMB	9	2F	0	3
Group 2	166	Limited QMB (SLMB)	0	2F	2	3
Group 2	166	None	0	2F/2E	0	3
Active Deductible	545	Full QMB	9	2B	0	7
Eligible for:			Case		Recipient	

Regular MA	BEM	MSP	PT *	SC *	PT *	ES *
Active Deductible	545	Limited QMB (SLMB)	0	2C	2	7
Active Deductible	545	None	0	20	0	7
Active Deductible	545	Full ALMB	0	2H	0	7

**\* DATA ELEMENT KEY**

- Case level Program Type (PT) on format page one
- Scope/Coverage (SC)
- Recipient level Program Type (PT) starting on format page two
- Eligibility Status (ES)

**Note:** When adding coverage to an active deductible case, the ES remains 7.

Eligible for:			Case PT*	SC*	Recipient PT*	ES*
Regular MA	BEM	MSP				
None	NA	Full QMB	9	2B	0	3
None	NA	Limited QMB (SLMB)	0	2C	2	3
Appealing SSI termination	150	**	0	1F	0	4
Special Disabled Children	154	**	0	1F	9	4
503 Individual	155	**	5	1F	0	4
COBRA Widow(er)	156	**	6	1F	0	4
Early Widow(er)	157	None	7	1F	0	4
DAC	158	**	4	1F	0	4
Home Care Child	170	**	0	1F	0	4
Children's Waiver	171	**	0	1F	0	4
QDWI	169	None	0	1Q	0	4
Freedom to Work (FTW)	174	None	0	1D	0	4
Freedom to Work (FTW)	174	Full QMB	8	1D	0	4
Freedom to Work (FTW)	174	Limited QMB (SLMB)	0	1D	2	4
Freedom to Work (FTW) premium level	174	None	0	1K	0	4
None	NA	Full ALMB	0	2H	0	3

**\* DATA ELEMENT KEY**

- Case level Program Type (PT) on format page one
- Scope/Coverage (SC)
- Recipient level Program Type (PT) starting on format page two
- Eligibility Status (ES)

**\*\* If entitled to Medicare Part A, recipient is considered full-coverage QMB eligible without a separate QMB determination or special QMB.**

**Note: When adding coverage to an active deductible case, the ES remains 7.**

**EXHIBIT III - QMB DESK AID**

There are four categories of assistance available to help people pay their Medicare premiums. These categories are referred to by a variety of names.

Full Name	Also Known As	BEM	Benefit	Key Nonfinancial Test
Qualified Medicare Beneficiaries	<ul style="list-style-type: none"> <li>• QMB</li> <li>• Full-QMB</li> <li>• Medicare Assistance Programs</li> <li>• Medicare Savings Programs</li> </ul>	165	Pays Medicare: <ul style="list-style-type: none"> <li>• premiums (Part A and B)</li> <li>• coinsurance</li> <li>• deductibles</li> </ul>	<ul style="list-style-type: none"> <li>• Receiving Medicare Part A* <b>or</b></li> <li>• Refused free Part A (claim number suffix is M1) <b>or</b></li> <li>• Entitled to buy Part A. Social Security calls this Premium HI. * (claim number suffix is M)</li> </ul>
Specified-Low Income Medicare Beneficiaries	<ul style="list-style-type: none"> <li>• SLMB/SLM</li> <li>• Limited-QMB</li> <li>• Medicare Assistance Programs</li> <li>• Medicare Savings Programs</li> </ul>	165	Pays Medicare Part B premiums	Receiving Medicare Part A free (claim number suffix is not M1 or M)
Additional Low-Income Medicare Beneficiaries Type 1	<ul style="list-style-type: none"> <li>• ALMB</li> <li>• Q1 (Type 1)</li> <li>• Medicare Assistance Programs</li> <li>• Medicare Savings Programs</li> </ul>	165	Type Q1 pays Medicare Part B premiums	Receiving Medicare Part A free (claim number suffix is not M1 or M)

\* See BEM 169, Qualified Disabled Working Individual, if the person is under age 65 and paying a premium for Part A

Situation	Medicare Part A Code
Person is <b>not</b> entitled to Medicare Part A	4
Part A premium being charged and person is under age 65	4*

Situation	Medicare Part A Code
Claim number suffix is M and person age 65 or older	3
Claim number suffix is M1	2
Claim number suffix is <b>not</b> M or M1 and no Part A premium being charged	1

**EXHIBIT IV - CODES**

Name	BEM	Program Group Type	BEMPro-gram Code	Scope/Coverage Code	Eligibility Status Code
BEM 150 Recipients	150	SSI	A,B,E	1F	4
A/B/E Recipients		TSO	M,O,P	1F	4
A/B/E Transferred to M/O/P		TSI	M,O,P	1F	4
MA While Appealing SSI Termination”		TSI	M,O,P	1F	4
“LOCAL OFFICE M, O AND P OPENINGS”					
Special Disabled Children	154	SDC	P	See EXHIBIT II, SSI-Related MA coding	
503 Individuals	155	503	M, O, P	See EXHIBIT II, SSI-Related MA coding	
COBRA Widow(er)s	156	CW	O,P	See EXHIBIT II, SSI-Related MA coding	
Early Widow(er)s	157	EW	O,P	See EXHIBIT II, SSI-Related MA coding	
Disabled Adult Child	158	DAC	O,P	See EXHIBIT II, SSI-Related MA coding	
AD-Care	163	AD	M, P	See EXHIBIT II, SSI-Related MA coding	
Extended Care	164	EC	M,O,P	See EXHIBIT II, SSI-Related MA coding	
Medicare Savings Programs (MSP)	165	QMB SLMB ALMB1	See EXHIBIT II, SSI-Related MA coding		
Group 2 Aged, Blind and Disabled	166	G2S	M,O,P	See EXHIBIT II, SSI-Related MA coding	
Qualified Disabled Working Individual (QDWI)	169	QDWI	P	1Q	4
Home Care Child	170	HCC	P	1F, 1E <sup>1</sup>	4
Children’s Waiver	171	CHW	P	1F, 1E <sup>1</sup>	4

Name	BEM	Program Group Type	BEM Program Code	Scope/Coverage Code	Eligibility Status Code
SED Waiver	172		P	1F, 1E	4
Breast and Cervical Cancer Prevention and Treatment Program	173	BCCP	O	1F, 1E <sup>1</sup>	4
Refugee Assistance Program - Medical (Refugee Assistance, not Medicaid)	630	RAPM	I	20 <sup>2</sup> , 1F, 2F	4, 3, 7 <sup>3</sup>
<p>1. Coverage code E identifies coverage limited to emergency services due to alien status (BEM 225).</p> <p>2. Scope/coverage 20 indicates that the person is in deductible status. If the person was in deductible status and eligible for a Medicare Savings Program (MSP) the scope/coverage would show MSP eligibility (see Exhibit III in BEM 105).</p> <p>3. ES code 7 is used for deductible status. It tells Bridges to switch scope/coverage 2F/2E back to the previous codes for the month after the deductible was met.</p> <p><b>Note:</b> PG Category types for SSI-related MA are AG (aged), BL (blind) and DI (disabled). However, BL and DI do not necessarily mean blind or disabled per BEM 260.</p>					

## EXHIBIT V OTHER INSURANCE CODES

Codes	Description
90 - 96	Medicare
89	HMO/PPO
05	Blue Cross/Blue Shield (BCBS)
87	Pharmacy Only
88	Dental Only
83	Long-Term Care
84	Indemnity
78	Recipient Monitoring
00	None Known (initial Value)

Medical Insurance	
Code	Description
01	Aetna US Healthcare
02	American Association of Retired Persons (AARP)
03	American Community Mutual
04	Bankers
05	Blue Cross/Blue Shield of Michigan, Blue Cross/Blue Shield Federal and Blue Cross/Blue Shield - Other States
06	Benefit Services
07	Connecticut General Life and Equitable Life (aka CIGNA or Equicor)
08	CAN
09	General American
10	Wausau Insurance
11	Benefit Source
12	Reserved for future use
13	Great West Life/The New England
14	American Medical Security
15	Pyramid Life Insurance Company/The One Benefit Source
16	Unicare (aka John Hancock Mutual Life and Massachusetts Mutual)
17	Harrington Benefit Services
18	Reserved for future use
Medical Insurance	

Code	Description
19	Michigan Education Special Services Association (MESSA)
20	Group Benefit
21	Regency Medical Administration
22	Mutual of Omaha
23	John Alden Life Insurance Company
24	United Teachers Associates
25	Golden Rule Insurance
26	HRM Claim Management
27	Federated Mutual Insurance Company
28	NGS American, Inc
29	Physicians Mutual
30	Cigna Healthcare
31	Prudential Insurance Company
32	Reserved for future use
33	Teamsters
34	United HealthCare/Benesight (aka Travelers and Metropolitan)
35	Automated Benefit Service
36	Ameraplan

Medical Insurance	
Code	Description
37	Reserved for future use
38	Other Carriers Not Listed
39	First Health
40	Number not assigned
41	Federal Employee Health Insurance Programs
42	Activa Benefit
43	Weyco Incorporated
44	Trustmark
45	Principal Financial Group
46	Reserved for future use
47	Central States
48	United American Insurance Co.
49	JFP Benefit Management
51	Reserved for future use
512	Reserved for future use
53	United Furniture Workers
54	Mutual Protective Medico Life
54	Employee Benefit



Medical Insurance	
Code	Description
56	Strategic Resource Company (SRC Services, Inc.)
57	State Farm Insurance
58	Group Health Managers, Inc.
59	Pioneer Life Insurance Co of Illinois
60	Reserved for future use
61	Reserved for future use
62	Humana
63	Reserved for future use
64	United Food & Commercial Workers (includes Michigan United Food & Commercial Workers)
65	Mid America Associates
66	Administration System Research (ASR
67	Trades, Services & Union Carriers/Plans (except United Food & Commercial Workers)
68	Self Funded Administration/Group/Plans
69	Fortis Benefits Insurance Company
70	Group Marketing
71	United Medical Resources
72	Corporate Benefit Services
73	SecureOne Benefit Admin., Inc.

Medical Insurance	
Code	Description
74	SET/SEG
75	Claim Management Services
76	CoreSource/Cambridge
77	Reserved for future use
78	Medicaid Recipient Monitoring
79	Guardian
80 - 82	Reserved for future use
83	Long-Term Care
84	Indemnity (fixed price paid per day/stay for outpatient, inpatient, home health and nursing homes, such as., AARP, Connecticut General, Physicians Mutual)

Laboratory Only Plans Code	
Code	Description
85	Laboratory Only Plans Code

Vision Only Plans	
Code	Description
86	Vision Only Plans

Pharmacy Only Plans	
Code	Description
87	Pharmacy Only Plans

**Dental Only Plans**

Code	Description
88	Dental Only Plans Code (includes Delta Dental Plan of Michigan)

**Private Enrollments Only - Managed Care Plans/HMOs**

Code	Description
89	<p>Do <b>not</b> use for Medicaid enrollments. <b>Private enrollments only - Managed Care Plans/Health Maintenance Organizations</b> (includes HMO, PPO and POS plans). Carriers assigned this code include, but are not limited to:</p> <ul style="list-style-type: none"><li>• Aetna Health Plans of Northern California</li><li>• Advantage Health Plan</li><li>• Alliance Health &amp; Life Insurance</li><li>• Alternative Health</li><li>• Anthem BCBS - Canton Region</li><li>• Beech Street PPO</li><li>• Blue Care Network</li><li>• Blue Choice Network</li><li>• Care Choices</li><li>• CHAMPUS (aka CHAMPVA and Tricare)</li><li>• Choice Care</li><li>• CNA Health Partners</li><li>• Community Blue</li><li>• DayMed HMP, Inc.</li><li>• Electronic Data Systems Corp (aka EDS)</li><li>• Fallon Community Health Plan</li></ul>

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**Medicare**

Code	Description
50	Medicare Excluded Alien (entered only by the Medicare Buy-In Unit)
90	Eligible for Medicare, but not confirmed. Indicates that a beneficiary has reached age of 65 and needs to be referred to SSA to apply for Medicare, or the beneficiary's Medicare coverage has not been confirmed by CMS.
91	Enrolled in Medicare Part A, B or D, - any one or a combination.
95	Enrolled or eligible for Medicare plus any commercial insurance.
96	Enrolled in Medicare Advantage Plan (Part C) (to be identified by TPL staff and updated by the Medicare Buy-In Unit).